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Customer No. 24729

IN THE PCT UNITED STATES RECEIVING OFFICE

Applicant: EBRINGER, Alan
Serial No.: 09/646,579
Filed: September 18, 2000

Attorney Docket: 09262-0269448
International Application No.: PCT/GB99/00876
International Filing Date: 19 March 1999
Priority Date: 19 March 1998

For **DIAGNOSIS OF SPONGIFORM OR DE-MYELINATING DISEASE**

Commissioner of Patents and Trademarks
BOX PCT
Washington, D.C. 20231

RESPONSE TO NOTIFICATION OF MISSING REQUIREMENTS

Sir:

In response to the Notification of Missing Requirements mailed 7 November 2000, enclosed are the following:

1. Copy of Notice to File Missing Requirements;
2. Combined Declaration and Power of Attorney;
3. Preliminary Amendment with a copy of the Amended Sheets as originally filed;
4. A Request for a **one-month** Extension of Time;
5. A check in the amount of \$110.00 for the fee for the one-month extension;
6. A self-addressed return postcard to date stamp as confirmation of receipt of these materials.

The Commissioner is authorized to charge any required additional fees or credit any overpayment to Deposit Account 03-3975.

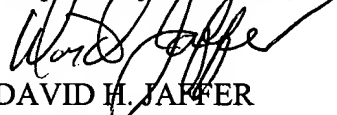
Date: 12-18-00

12/28/2000 MNGUYEN 00000102 09646579

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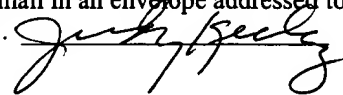
Respectfully submitted,


DAVID H. JAFFER
Reg. No. 32,243

PILLSBURY MADISON & SUTRO LLP
2550 Hanover Street
Palo Alto, CA 94304-1115
Telephone: (650) 233-4510
Facsimile: (650) 233-4545

CERTIFICATE OF MAILING

I, Judy Keeley, hereby certify that this correspondence with all attachment listed is being deposited with the U.S. Postal Service on 18 December 2000 with sufficient postage as First Class mail in an envelope addressed to: Commissioner of Patents and Trademarks, BOX PCT, Washington, D.C. 2231.



FEE FOR CLAIMS

4. The fee for claims (37 CFR 1.16(b)-(d)) has been calculated as shown below:

| (Col. 1) | | (Col. 2) | (Col. 3) | SMALL ENTITY | | | OTHER THAN A SMALL ENTITY | |
|----------------------------------------------------------------------------|-------|--------------------------------------|------------------|-----------------------|--------------|----|------------------------------|--------------|
| CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NO PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADD'L FEE | OR | RATE | ADD'L FEE |
| TOTAL | MINUS | = | | x 9 = | \$ | | | x18 = |
| INDEP. | MINUS | = | | x 40 = | \$ | | | x80 = |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM + 135 = | | | \$ | +270 | \$ | | | |
| | | | | TOTAL ADD'L FEE \$ | | OR | TOTAL ADD'L FEE \$ | |

- (a) ☒ No additional fee for claims required.
 (b) ☐ Total additional fee for claims required \$.

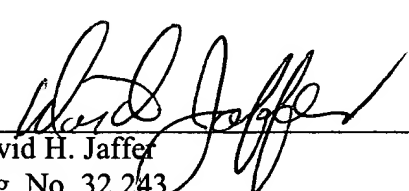
FEE PAYMENT

5. ☒ Attached is a check in the sum of \$ 110.00
☐ Charge Account No. 03-3975 the sum of \$.
 A duplicate of this transmittal is attached.

FEE DEFICIENCY

6. ☒ If any additional extension and/or fee is required, charge Account No. 03-3975.

Date: December 15, 2000


 David H. Jaffer
 Reg. No. 32,243

PILLSBURY MADISON & SUTRO LLP
 2550 Hanover Street
 Palo Alto, CA 94304-1115
 Phone: (650) 233-4510
 Facsimile: (650) 233-4545